



Licensure Bureau
CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
May 2017

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP Received	HEARING REQ/DATE	DECISION DEADLINE	DECISION & DATE	REC REQ
Interim Healthcare of Western Montana	Missoula	Establish home health agencies in Mineral, Granite & Ravalli counties	N/A	Revised LOI 1/3/17	Jan 2017	N	3/30/17	3/17/17	N	6/15/17		

Name of facility in **BOLD** indicates a new request for report month. * First-year operating cost HHA (may not be strictly comparable).

LEGEND:

ASC Ambulatory Surgical Center

CDU Chemical Dependency Unit

CO County

CR Comparative Review

DATES Month/Day/Year

DEC Decision

DISMISS Appeal dismissed

FAC Facility

H Hospital

HHA Home Health Agency

IHS Indian Health Service

LOI Letter of Intent

LTC Long-Term Care

MTH Month of Notice

N Disapproval or No

N/A Not Applicable

NH Nursing Home

NR Non-Reviewable Project

REQ Request

REC REQ Reconsideration
Hearing of Decision

SNF Skilled Nursing Facility

TBA To Be Announced

TBI Traumatic Brain Injury

Y Approval or Yes

10/10 Ten Bed/Ten Percent Rule
(50-5-301, MCA)



Licensure Bureau
CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
April 2017

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Interim Healthcare of Western Montana	Missoula	Establish home health agencies in Mineral, Granite & Ravalli counties	N/A	Revised LOI 1/3/17	Jan 2017	N	3/30/17	3/17/17	N	6/15/17		

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REC REQ Reconsideration Hearing of Decision

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Licensure Bureau
CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
March 2017

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP Received	HEARING REQ/DATE	DECISION DEADLINE	DECISION & DATE	REC REQ
Interim Healthcare of Western Montana	Missoula	Establish home health agencies in Mineral, Granite & Ravalli counties	N/A	Revised LOI 1/3/17	Jan 2017	N	3/30/17	3/17/17		6/15/17		

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DATES Month/Day/Year

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CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
February 2017

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DECISION DUE	DECISION & DATE	REC REQ
Immanuel Lutheran Communities	Kalispell	Renovate existing nursing home facility	Over \$1.5 Million	9/30/16	Oct 2016	N	2/15/17	12/28/16	No Request	3/29/17	Y 2/2/17	
Interim Healthcare of Western Montana	Missoula	Establish home health agencies in Mineral, Granite and Ravalli counties	N/A	Revised LOI 1/3/17	Jan 2017	N	3/30/17					

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* First-year operating cost HHA (may not be strictly comparable).

LEGEND

ASC Ambulatory Surgical Center	DEC Decision	IHS Indian Health Service	N/A Not Applicable	SNF Skilled Nursing Facility
CDU Chemical Dependency Unit	DISMISS Appeal dismissed	LOI Letter of Intent	NH Nursing Home	TBA To Be Announced
CO County	FAC Facility	LTC Long-Term Care	NR Non-Reviewable Project	TBI Traumatic Brain Injury
CR Comparative Review	H Hospital	MTH Month of Notice	REQ Request	Y Approval or Yes
DATES Month/Day/Year	HHA Home Health Agency	N Disapproval or No	REC REQ Reconsideration Hearing of Decision	10/10 Ten Bed/Ten Percent Rule (50-5-301, MCA)



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CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
January 2017

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP REC	HEARING REQ/DATE	DECISION DEADLINE	DECISION & DATE	REC REQ
Immanuel Lutheran Communities	Kalispell	Renovate existing nursing home facility	Over \$1.5 Million	9/30/16	Oct 2016	N	2/15/17	12/28/16	N/A	3/29/17		
Interim Healthcare of Western Montana	Missoula	Establish home health agencies in Mineral, Lake <u>Granite</u> and Ravalli counties	N/A	Revised LOI 1/3/17	Jan 2017							

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CO County	FAC Facility	LTC Long-Term Care	NR Non-Reviewable Project	TBI Traumatic Brain Injury
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DATES Month/Day/Year	HHA Home Health Agency	N Disapproval or No	REC REQ Reconsideration Hearing of Decision	10/10 Ten Bed/Ten Percent Rule (50-5-301, MCA)



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CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
December 2016

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DECISION DUE	DECISION & DATE	REC REQ
Immanuel Lutheran Communities	Kalispell	Renovate existing nursing home facility	Over \$1.5 Million	9/30/16	Oct 2016	N	2/15/17	12/28/16		3/29/17		
Interim Healthcare of Western Montana	Missoula	Establish home health agencies in Mineral, Lake, and Ravalli counties	N/A	12/8/16								
Libby Care Center	Libby	Change of Ownership	N/A	12/7/16	N/A	N/A	N/A	N/A	N/A	NR	NR	NR

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CDU Chemical Dependency Unit	DISMISS Appeal dismissed	LOI Letter of Intent	NH Nursing Home	TBA To Be Announced
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CERTIFICATE OF NEED PROGRAM MONTHLY REPORT
November 2016

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DECISION DUE	DECISION & DATE	REC REQ
Bellwood Ranch, LLC	Simms	Establish inpatient chemical dependency treatment	\$25,000	3/31/16	April 2016	N	8/15/16	8/15/16		11/13/16	Y 11/9/16	
Glacier County Mobile Community Healthcare	Cut Bank	Establish home health services	N/A	4/26/16	May 2016	N	9/12/16	9/12/16	N/A	12/11/16	Y 11/23/16	
Immanuel Lutheran Communities	Kalispell	Renovate existing nursing home facility	Over \$1.5 Million	9/30/16	Oct 2016	N	2/15/17	12/28/16		3/29/17		

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ASC Ambulatory Surgical Center	DEC Decision	IHS Indian Health Service	N/A Not Applicable	SNF Skilled Nursing Facility
CDU Chemical Dependency Unit	DISMISS Appeal dismissed	LOI Letter of Intent	NH Nursing Home	TBA To Be Announced
CO County	FAC Facility	LTC Long-Term Care	NR Non-Reviewable Project	TBI Traumatic Brain Injury
CR Comparative Review	H Hospital	MTH Month of Notice	REQ Request	Y Approval or Yes
DATES Month/Day/Year	HHA Home Health Agency	N Disapproval or No	REC REQ Reconsideration Hearing of Decision	10/10 Ten Bed/Ten % Rule (50-5-301, MCA)



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October 2016

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DECISION DUE	DECISION & DATE	REC REQ
Bellwood Ranch, LLC	Simms	Establish inpatient chemical dependency treatment	\$25,000	3/31/16	April 2016	N	8/15/16	8/15/16	N/A	11/13/16		
Glacier County Mobile Community Healthcare	Cut Bank	Establish home health services	N/A	4/26/16	May 2016	N	9/12/16	9/12/16	N/A	12/11/16		
Immanuel Lutheran Communities	Kalispell	Renovate existing nursing home facility	Over \$1.5 Million	9/30/16	Oct 2016							

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September 2016

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DECISION DUE	DECISION & DATE	REC REQ
Blackfeet Tribal Nursing Home	Browning	Replace existing nursing home facility	Over \$1.5 Million	2/4/16	Mar 2016	N	7/11/16	7/8/16		10/6/16	Y 9/16/16	
Bellwood Ranch, LLC	Simms	Establish inpatient chemical dependency treatment	\$25,000	3/31/16	April 2016	N	8/15/16	8/15/16	N/A	11/13/16		
Glacier County Mobile Community Healthcare	Cut Bank	Establish home health services	N/A	4/26/16	May 2016	N	9/12/16	9/12/16	N/A	12/11/16		
Immanuel Lutheran Communities	Kalispell	Renovate existing nursing home facility	Over \$1.5 Million	9/30/16	Oct 2016							

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ASC Ambulatory Surgical Center	DEC Decision	IHS Indian Health Service	N/A Not Applicable	SNF Skilled Nursing Facility
CDU Chemical Dependency Unit	DISMISS Appeal dismissed	LOI Letter of Intent	NH Nursing Home	TBA To Be Announced
CO County	FAC Facility	LTC Long-Term Care	NR Non-Reviewable Project	TBI Traumatic Brain Injury
CR Comparative Review	H Hospital	MTH Month of Notice	REQ Request	Y Approval or Yes
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August 2016

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DECISION DUE	DECISION & DATE	REC REQ
Blackfeet Tribal Nursing Home	Browning	Replace existing nursing home facility	Over \$1.5 Million	2/4/16	Mar 2016	N	7/11/16	7/8/16		10/6/16	Y 9/16/16	
Bellwood Ranch, LLC	Simms	Establish inpatient chemical dependency treatment	\$25,000	3/31/16	April 2016	N	8/15/16	8/15/16	N/A	11/13/16		
Glacier County Mobile Community Healthcare	Cut Bank	Establish home health services	N/A	4/26/16	May 2016	N	9/12/16	9/12/16	N/A	12/11/16		

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July 2016

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Blackfeet Tribal Nursing Home	Browning	Replace existing nursing home facility	Over \$1.5 Million	2/4/16	Mar 2016	N	7/11/16	7/8/16		10/6/16		
Bellwood Ranch, LLC	Simms	Establish inpatient chemical dependency treatment	\$25,000	3/31/16	April 2016	N	8/15/16					
Glacier County Mobile Community Healthcare	Cut Bank	Establish home health services	N/A	4/26/16	May 2016	N	9/12/16					

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June 2016

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DECISION DUE	DECISION & DATE	REC REQ
Benefis Spectrum Medical	Havre	Expansion of home health service area	\$50,000	10/26/15	Nov 2015	N	3/10/16	3/9/16		6/7/16	Y 6/2/16	
Blackfeet Tribal Nursing Home	Browning	Replace existing nursing home facility	Over \$1.5 Million	2/4/16	Mar 2016	N	7/11/16					
Bellwood Ranch, LLC	Simms	Establish inpatient chemical dependency treatment	\$25,000	3/31/16	April 2016	N	8/15/16					
Glacier County Mobile Community Healthcare	Cut Bank	Establish home health services	N/A	4/26/16	May 2016	N	9/12/16					

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Benefis Spectrum Medical	Havre	Expansion of home health service area	\$50,000	10/26/15	Nov 2015	N	3/10/16	3/9/16	N/A	6/7/16		
Immanuel Lutheran Communities	Kalispell	Renovation of a portion of existing skilled nursing facility	Over \$1.5 Million	11/30/15	Dec 2015	N	2/29/16	2/17/16	N/A	5/17/16	Y 4/6/16	N/A
Blackfeet Tribal Nursing Home	Browning	Replace existing nursing home facility	Over \$1.5 Million	2/4/16	Mar 2016	N	7/11/16					
Bellwood Ranch, LLC	Simms	Establish inpatient chemical dependency treatment	\$25,000	3/31/16	April 2016	N	8/15/16					
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facility in request for year (may not

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